
State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
Project Name/Number:	Ob-Gyn Risk Alliance Risk Management Program rule revisions/		

Filing at a Glance

Company:	ProAssurance Casualty Company
Product Name:	Healthcare Professional Liability Rates and Rules Manual
State:	Illinois
TOI:	11.2 Med Mal-Claims Made Only
Sub-TOI:	11.2023 Physicians & Surgeons
Filing Type:	Rule
Date Submitted:	12/12/2012
SERFF Tr Num:	PCWA-128807366
SERFF Status:	Closed-Filed
State Tr Num:	PCWA-128807366
State Status:	
Co Tr Num:	IL-OBRA-RM-0113
Effective Date	01/01/2013
Requested (New):	
Effective Date	01/01/2013
Requested (Renewal):	
Author(s):	Judy Shepperd
Reviewer(s):	Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date:	04/26/2013
Disposition Status:	Filed
Effective Date (New):	01/01/2013
Effective Date (Renewal):	01/01/2013
State Filing Description:	
ROUTED 2/7/13	

State: Illinois **Filing Company:** ProAssurance Casualty Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons
Product Name: Healthcare Professional Liability Rates and Rules Manual
Project Name/Number: Ob-Gyn Risk Alliance Risk Management Program rule revisions/

General Information

Project Name: Ob-Gyn Risk Alliance Risk Management Status of Filing in Domicile: Not Filed
Program rule revisions
Project Number: Domicile Status Comments: None
Reference Organization: None Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/26/2013
State Status Changed: Deemer Date:
Created By: Judy Shepperd Submitted By: Judy Shepperd
Corresponding Filing Tracking Number:

Filing Description:

I submit for your review and approval revisions to the Healthcare Professional Liability Rates and Rules Manual for members of the Ob-Gyn Risk Alliance Purchasing Group. I request the effective date of January 1, 2013, for this filing submission.

The Risk Management Program has been revised to clarify eligibility requirements and to offer members additional educational opportunities and benefits, courses, activities and tools for their practice.

Please contact me if you have any questions during the review process.

Thank you.

Company and Contact

Filing Contact Information

Judy Shepperd, Senior Compliance jshepperd@proassurance.com
Specialist
1221 South Mopac Expressway 512-314-4396 [Phone]
Suite 200 512-314-4398 [FAX]
Austin, TX 78746

Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property &
Birmingham, AL 35209	Group Name: ProAssurance	Casualty
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	State ID Number: 12

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

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Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):.

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

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TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	04/26/2013	04/26/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	LaQuita Goodwin	04/26/2013	04/26/2013
effective date	Note To Filer	Gayle Neuman	04/26/2013	04/26/2013
Rule Change	Reviewer Note	Caryn Carmean	04/24/2013	

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
Project Name/Number:	Ob-Gyn Risk Alliance Risk Management Program rule revisions/		

Disposition

Disposition Date: 04/26/2013
Effective Date (New): 01/01/2013
Effective Date (Renewal): 01/01/2013
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Marked copy of manual page		Yes
Rate	Manual Pages		Yes

State:	Illinois	Filing Company:	ProAssurance Casualty Company
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Note To Reviewer

Created By:

LaQuita Goodwin on 04/26/2013 10:19 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/26/2013 10:28 AM

Subject:

Effective Date

Comments:

This filing was implemented on the requested effective date of January 1, 2013 and we would like to keep this same effective date.

Thanks.

LaQuita B. Goodwin

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
Project Name/Number:	Ob-Gyn Risk Alliance Risk Management Program rule revisions/		

Note To Filer

Created By:

Gayle Neuman on 04/26/2013 08:26 AM

Last Edited By:

Gayle Neuman

Submitted On:

04/26/2013 10:28 AM

Subject:

effective date

Comments:

The Department of Insurance completed its review of this filing. Originally, ProAssurance Casualty requested the filing be effective January 1, 2013. Was the filing put in effect on January 1, 2013 or do you wish to have a different effective date? Your prompt response is appreciated.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
Project Name/Number:	Ob-Gyn Risk Alliance Risk Management Program rule revisions/		

Reviewer Note

Created By:

Caryn Carmean on 04/24/2013 02:39 PM

Last Edited By:

Gayle Neuman

Submitted On:

04/26/2013 10:28 AM

Subject:

Rule Change

Comments:

Actuarial Review completed

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
Project Name/Number:	Ob-Gyn Risk Alliance Risk Management Program rule revisions/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Pages	Pages 15 and 16	Replacement	PCWA-127150928	Pages 15 16 of Illinois OB Manual revised RM rule eff 1-1-13.pdf Marked version of current rule versus revised rule.pdf

PROFESSIONAL LIABILITY DISCOUNTS

I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 65% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and the Ob-Gyn Risk Management Program credit may be combined with the part-time credit but no other credits or discounts apply.
- New Doctor Discount: up to 50%. Deductible credits and the Ob-Gyn Risk Management Program may be combined with the New Doctor Discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions.
- A-rated risks developing \$100,000 or more annualized premium.

II. NEW DOCTOR DISCOUNT

This discount will apply only to solo practicing physicians who have never been in practice and proceed directly into practice from training, or physicians who fit within that category except for an interim period of employment not to exceed two years. Physicians who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

III. RISK MANAGEMENT PREMIUM CREDITS

Ob-Gyn insureds who

- (i) are members of the Ob-Gyn Risk Alliance Purchasing Group;
- (ii) have committed to comply with the following requirements of the Ob-Gyn Risk Management Program; and
- (iii) submit a signed Ob-Gyn Risk Alliance Compliance Statement will receive a 25% discount

will receive a 25% premium discount upon each policy issuance.

First Year Educational Requirements

Completion of the following two activities within the first policy year will satisfy the insured's requirements under the Ob-Gyn Risk Management Program and will qualify the insured for policy renewal consideration.

- 1) Medical Practice Site Survey
- 2) Online Advanced Practice Strategies (APS) Courses (or future APS equivalent courses)
 - Informed Consent: A Medical-Legal Case Study, and
 - Risk Management Basics: Protection and Pitfalls

Current APS certificates of course completion for these activities will be honored.

Second Year Educational Requirements

Completion of two online APS courses during the second policy year will satisfy the insured's requirements under the Ob-Gyn Risk Management Program and will qualify the insured for policy renewal consideration.

- 1) Online course, SBAR+R: Structuring Communication in Health Care, is mandatory for all insureds.
- 2) Insured's choice of any one of the following courses below (or future APS equivalent courses):
 - Advanced Fetal Assessment & Monitoring
 - Managing Shoulder Dystocia
 - Operative Vaginal Delivery
 - Postpartum Hemorrhage
 - Informed Consent: A Medical-Legal Case Study
 - Risk Management Basics: Protection and Pitfalls

Current APS certificates of course completion for these activities will be honored.

IV. SCHEDULED RATING PROGRAM

The Company has determined that significant variability exists in the hazards faced by physicians and surgeons engaged in the practice of medicine. Exposure conditions vary with respect to:

	<u>Debit/Credit</u>
1. Number of years experience in medicine;	+/- 10%
2. Number of patient exposures;	+/- 10%
3. Organization (if any) and size;	+/- 10%
4. Medical standards review and claims review committees;	+/- 10%
5. Other risk management practices and procedures;	+/- 10%
6. Training, accreditation and credentialing;	+/- 10%
7. Continuing Medical Education activities;	+/- 10%
8. Professional liability claim experience;	+/- 10%
9. Record-keeping practices;	+/- 10%
10. Maintenance and utilization of certain monitoring equipment, diagnostic tests or diagnostic procedures;	+/- 10%
11. Participation in capitation contracts; and*	+ 10%
12. Insured group maintains differing limits of liability on members.*	+ 10%

In order to recognize these and other factors affecting a particular practitioner or group practice, the Company proposes to apply a debit or credit to the otherwise applicable rate dependent upon the underwriter's overall evaluation of the risk.

The maximum credit will be 25%; the maximum debit will be 25%.

The Scheduled Rating Plan will apply to individuals as well as groups of two or more physicians as the Company becomes aware of variability in the risk characteristics of the individual or group. At the underwriter's discretion, objective credits otherwise applicable to an insured will not be applied in situations where a scheduled debit is deemed necessary.

* NOTE: No credit will be given for #11 or #12 above.

Eligibility

~~For~~ Ob-Gyn insureds who

- (i) are members of the Ob-Gyn Risk Alliance Purchasing Group ~~and;~~
- (ii) have committed to comply with ~~ALL of~~ the following requirements of the Ob-Gyn Risk Management ~~program~~ Program; and
- ~~(i)~~ (iii) submit a signed Ob-Gyn Risk Alliance Compliance Statement will receive a 25% discount.

- ~~1. MPSS & Hospital OB Focused Risk Map~~
- ~~2. Basic OB Tool Kit~~
- ~~3. Closed Case Studies~~
- ~~4. OB Risk Management Guidelines~~
- ~~5. Risk Resource Business Hours~~
- ~~6. Patient Safety Event Reporting~~
- ~~7. Safety Culture Surveys – Hospital &~~ will receive a 25% premium discount upon each policy issuance.

First Year Educational Requirements

Completion of the following two activities within the first policy year will satisfy the insured's requirements under the Ob-Gyn Risk Management Program and will qualify the insured for policy renewal consideration.

- 1) Medical Practice Site Survey

- ~~8. Physician/Hospital Staff Collaboration Training~~
- ~~9. Advanced OB Tool Kit~~
- 2) ~~10. Event~~ Online Advanced Practice Strategies (APS) Courses (or future APS equivalent courses)
 - Informed Consent: A Medical-Legal Case Study, and
 - Risk Management ~~Participation~~ Basics: Protection and Pitfalls
- ~~11. Simulation Training~~

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State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons		
Product Name:	Healthcare Professional Liability Rates and Rules Manual		
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Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Explanatory Memorandum attached.
Attachment(s):	Explanatory Memo.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form RF3 - (Summary Sheet)
Bypass Reason:	N/A, no change in rate
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	Certification attached
Attachment(s):	Illinois Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Manual
Comments:	Revised Manual Rules pages 15 and 16 attached
Attachment(s):	Pages 15 16 of Illinois OB Manual revised RM rule eff 1-1-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Marked copy of manual page
Comments:	Attached is the marked version of current filed rule to proposed rule change
Attachment(s):	Marked version of current rule versus revised rule.pdf
Item Status:	
Status Date:	

ProAssurance Companies
100 Brookwood Place
Birmingham, AL 35209

P.O. Box 590009
Birmingham, AL 35259-0009
800.282.6242 • 205.802.4710 fax
www.proassurance.com



EXPLANATORY FILING MEMORANDUM

December 12, 2012

Filing Company: ProAssurance Casualty Company
FEIN: 38-2317569
Co Tr Num: IL-OBRA-RM-0113
SERFF Tr Num: PCWA-128807366
Product Name: Healthcare Professional Liability Rates and Rules Manual
TOI: 11.2 Med Mal-Claims Made Only
Sub-TOI: 11.2023 Physicians & Surgeons

This filing of revised Manual Rules is used for policies issued through Ob-Gyn Risk Alliance, a purchasing group underwritten by ProAssurance Casualty Company. Revised Manual Rules pages 15 and 16 replaces previously filed pages 15 and 16 under prior SERFF Tr Num PCWA-127150928.

The Risk Management Program has been revised to clarify eligibility requirements and to offer members additional education opportunities and benefits, courses, activities and tools for their practice. The requested effective date for this filing submission is January 1, 2013.

The Independent Statistical Services, Inc. (ISS) is our statistical reporting agency.

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Kathryn A. Neville, Secretary
Signature and Title of Authorized Insurance Company Officer

12/12/2012

Date



Howard H. Friedman, ACAS, MAAA, Senior Vice President
Signature, Title and Designation of Authorized Actuary

12/12/2012

Date

Insurance Company FEIN 38-2317569

Filing Number PCWA-128807366

Insurer's Address 100 Brookwood Place

City Birmingham

State Alabama

Zip Code 35209

Contact Person's:

-Name and E-mail Judy Shepperd, Senior Compliance Specialist – jshepperd@proassurance.com

-Direct Telephone and Fax Number (512) 314-4396 – Fax (979) 364-2997

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